

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

17599

Registration District No. 67

Primary Registration District No. 5236

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Burr Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Morse Alvin Shedd

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maud Shedd 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 9 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 19 hr. min.

9. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name William Nelson Shedd

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Morse

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Robert P. Shedd

(b) Address R#2 Hickman Mills, Mo.

17. (a) Burial (b) Date thereof May 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Cemetery

18. (a) Signature of funeral director Erwin Siders

(b) Address El Dorado Springs, Missouri

19. (a) 5-31-43 (b) L. Y. Dunaway
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from May 19, 1943 to May 28, 1943
that I last saw him alive on May 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Prostate gland
Due to 1 yr

Due to 51 hr
Other conditions 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51 hr
Of autopsy 2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature L. Y. Dunaway M. D. or other 0
Address El Dorado Springs, Mo. Date signed 5-31-43

10 76 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 5/43/506

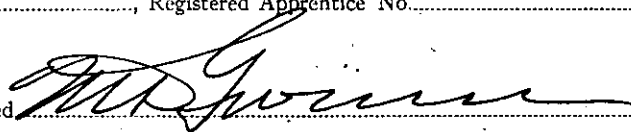
Date Filed 6/10/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed



Licensed Embalmer No.

2034

P. O. Address

Edwards Bldg. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.